

# **WAIVER OF RIGHTS TO CONFIDENTIALITY FOR SIBLINGS**

**Distribution Instructions:**

Original: Agency/Department  
Copy: Person Signing

**PLEASE NOTE:**

1. Please complete both sides of this information, if known.
2. This form must be witnessed by a representative of the California Department of Social Services (CDSS) or of a California adoption agency licensed by CDSS notarized. If the signing of this form is witnessed by a CDSS or adoption agency representative, some form of photo identification of the person signing must be obtained and noted on this form.
3. If you are a non-adopted adult sibling, please attach a copy of your birth certificate

**DESIGNATE ONE:**

I am the

- ☐ Adult Adoptee (age 21 or older)
- ☐ Adult Sibling (age 21 or older)

**PART A. To be completed by person signing waiver.**
☐ **ADULT ADOPTEE:**

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of CDSS or licensed adoption agency and give my consent to CDSS or the licensed adoption agency to disclose my name and address to my adult sibling so he/she may contact me.

☐ **ADULT SIBLING:**

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of CDSS or licensed adoption agency and give my consent to CDSS or the licensed adoption agency to disclose my name and address to my adopted sibling so that he/she may contact me.

I understand that CDSS does not provide search services to locate adult adoptees or adult siblings, and that each party must contact CDSS or the licensed adoption agency to request a Waiver of Rights to Confidentiality of Adoption Records for Siblings (AD 904A) form.

I realize that both of the designated persons must sign a Waiver before CDSS or the agency can disclose identifying information, and that signing this Waiver does not necessarily insure that a contact will be made. I understand that the law prohibits CDSS or the licensed adoption agency from soliciting, directly or indirectly, the execution of such a Waiver. The sibling must also comply with all other provisions of Family Code Section 9205.

I certify that to the best of my knowledge, I am an adoptee or sibling of an adoptee. I understand that I should keep CDSS or the licensed adoption agency informed of my current name and address.

I understand I have the right to rescind this Waiver any time by notifying CDSS or the licensed adoption agency in writing.

SIGNATURE				DATE	
STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )
OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN			IDENTIFICATION (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)		

**PART B. To be completed by licensed adoption agency representative. If Part B or C, is completed, do not complete Part D.**

SIGNATURE OF ADOPTION AGENCY REPRESENTATIVE		DATE	TELEPHONE NUMBER ( )
AGENCY/DEPARTMENT NAME		ADDRESS	

**PART C. ☐ Check if applicable. Notarized signature has been previously submitted to CDSS.**
**PART D. To be completed by a Notary Public only if Part B or C is not completed.**

State of \_\_\_\_\_

County of \_\_\_\_\_

} ss.

Before me, \_\_\_\_\_, a Notary Public in and

for said County and State personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Affix Notarial Seal)

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

**SEE REVERSE SIDE**

**PART E: Additional information needed regarding your adoption.**

In order to locate the correct adoption file, please assist us by completing the information below. If you do not know this information, please write unknown.

Adoptee's name, birthdate, city and state of birth

All names used by the birthmother (include middle and maiden names) and name of birthfather.

Full names of both adoptive parents

**What Happens to the Waiver?**

The waiver may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office, Adoptions Branch, California Department of Social Services, 744 P Street, M.S. 19-31, Sacramento, CA 95814. It will be acknowledged and placed in the adoption file if it was an independent (private) adoption. If it was an agency adoption, it will be returned to you with the name and address of the correct agency so you can send it directly to them. A copy will be kept in the Department's adoption file.

**Please Note: (Complete Parts F, G, and H below, as appropriate)**

Family Code Section 9205 requires that the agency shall not disclose the name and address of the adoptee or the existence of a waiver filed by the adoptee to a sibling who remained in the custody and control of the sibling's and adoptee's birth parents until age 18 unless consent for such disclosure is obtained from the birth parents. If the sibling remained in the custody and control of only one birth parent of the adoptee and sibling, only that birth parent's signature is necessary.

**PART F. Birth parent(s)' consent - May be witnessed by a Notary or CDSS/Agency representative**

I/We, the birth parent(s) of the adoptee and sibling hereby consent to the disclosure of the adoptee's name and address to his/her sibling.

Signature of Birth Parent(s)

Date

Signature of CDSS/Agency Representative or Notary

State of

County of

SS

Date (affix notarial seal)

Before me \_\_\_\_\_ a Notary Public in and for said county and state personally appeared

\_\_\_\_\_ known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed same. In witness whereof I have hereunto set my hand and affixed my

notarial seal. My commission expires \_\_\_\_\_.

**Part G. Affidavit of Sibling to be signed if Part F not completed**

I hereby declare under penalty of perjury that I did not remain under the custody and control of my and my adopted sibling's birth parents or parent until age 18.

Signature of Sibling

Date

Signature of CDSS/Agency Representative/Notary

Date

**Part H. To be used when one or more birth parents are deceased**

I hereby declare that I am the sibling of the adoptee and that my and the adoptee's birth parent or parents are no longer living. Proof of the death of the parent/parents has been submitted in the form of ☐ death certificate ☐ newspaper clipping

☐ other (describe) \_\_\_\_\_

Signature of Sibling

Date

Signature of CDSS or Agency Representative

Date